

# Index of Claims



Application No.

10/087,500

Examiner

Laura B. Rosenberg

Applicant(s)

RONNE ET AL.

Art Unit

3616

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |          |         |          |         |        |        |
|-------|----------|---------|----------|---------|----------|---------|--------|--------|
| Final | Original | 7/12/03 | 12/24/03 | 6/10/04 | 11/18/04 | 6/24/05 | 4/7/06 | 9/6/06 |
|       | 1        | ✓       | ✓        | ✓       | ✓        | ✓       | ✓      |        |
| 1     | 2        | ✓       | ✓        | ✓       | ✓        | ✓       | O      | =      |
| 2     | 3        | ✓       | ✓        | ✓       | ✓        | ✓       | O      | =      |
| 3     | 4        | ✓       | ✓        | ✓       | ✓        | ✓       | O      | =      |
| 4     | 5        | ✓       | ✓        | ✓       | ✓        | ✓       | O      | =      |
|       | 6        | ✓       |          |         |          |         |        |        |
|       | 7        | ✓       | ✓        | ✓       | ✓        | ✓       | ✓      |        |
|       | 8        | ✓       | ✓        | ✓       | ✓        | ✓       | ✓      |        |
| 5     | 9        | ✓       | ✓        | ✓       | ✓        | ✓       | O      | =      |
|       | 10       | ✓       | ✓        | ✓       | ✓        | ✓       | ✓      |        |
| 6     | 11       | ✓       | ✓        | ✓       | ✓        | ✓       | O      | =      |
|       | 12       |         |          |         |          |         |        |        |
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| Claim |          | Date |  |  |  |  |  |  |
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| Final | Original |      |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |
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| Final | Original |      |  |  |  |  |  |  |
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